

Name: _____ Date: _____

Rate how satisfied you are with the following areas of your life by placing a checkmark in the appropriate boxes.

	Very Dissatisfied	Somewhat Dissatisfied	Neutral	Somewhat Satisfied	Very Satisfied
Career					
Friends					
Family					
Romantic Relationships					
Drug Use/Cravings					
Alcohol Use/Cravings					
Self-Esteem					
Physical Health					
Psychological Well-Being					
Sexual Fulfillment					
Spiritual Well-Being					

Which of these areas improved the most since you entered treatment?

Which are your weakest areas? How are you planning to improve them?

What would need to change for you to be satisfied with the areas you rated lowest?
